



UTILITY SERVICES APPLICATION
Commercial-Residential Water/Sewer/Garbage
(770) 748-3220 Fax: (770) 748-8962
Email: water@cedartowngeorgia.gov
City Manager - Bill Fann

Account Number: _____

Applications will not be accepted or water service turned on without the following

01. Picture identification -Driver's license, State id, or Passport
 02. Rental or lease agreement -If you do not own the property where service will be established, a copy of the rental or lease agreement must accompany this application, **with Owner's Name, Signature and Telephone number.**
 03. \$100 Deposit Homeowners / \$100 Deposit Lease/Rental & \$50 non refundable fee/ \$15.00 Transfer fee
- O Please transfer deposit. From: _____ and turn off on: _____

Name: _____ Service Address: _____

Date Service Requested (we work on next business day service M-F): _____

Mailing Address (if different from above): _____

Telephone#: _____ Cell phone #: _____

Date of Birth: _____ SS#: _____

Have you previously had service with the City of Cedartown? Yes: _____ No: _____

If Yes, please list addressees: _____

Employer: _____ Telephone#: _____

Co-occupant: _____ SS#: _____

Employer: _____ Telephone#: _____

Emergency Contact (Not living with you): _____

Relationship: _____ Telephone#: _____

All water bills are due and payable the 10th day of each month. If the bill is not paid by this date, an automatic 10% late charge will be added to the past due balance and the total bill amount becomes due before the 25th of the month following the billing date. Applicant is responsible for all charges until applicant has requested service to be terminated in his/her name. If a past due amount is shown on the bill, the full amount due must be paid or service will be discontinued without further notice. Additional charges will apply for restoration of service and any other costs incurred in settling your account. Failure to receive a bill does not entitle delayed payment. There will be a \$30.00 charge for all checks returned due to insufficient funds or closed accounts.

I understand, and hereby agree to the following: (1) falsification of any of the above information may result in immediate disconnection of service without notice; (2) failure to pay account in accordance with the City of Cedartown's policies will result in disconnection of service; (3) all water going through the meter is the customer's responsibility – any leaks that are repaired may be given a cost adjustment on the water/sewer portion of the bill up to \$750.00 a year if you have leak protection upon submittal of repair receipt or plumber's bill and verification of repair; (4) failure to pay final bill will result in account being submitted to collections – I will as a result, be responsible for all late charges and collections costs; (5) no one living in my household has an outstanding balance owing the City of Cedartown; (6) water is temporarily connected until records have been verified and approved.

Signature: _____ Date: _____

****9 days or less will be prorated****

*****10 days or more constitute a full billing period with no proration of any applicable rate.*****

Please keep a copy of this completed application for your records.

Account Number: _____

FOR UTILITY BILLING AND GARBAGE COLLECTION

NEW ACCOUNTS:

- Customer must be at least 18 years of age. (If customer is younger, he/she must present proof of full-time job, and parent will need to co-sign with customer.)
- Customer must report to office in person to sign for service.
- Customer must have a picture ID, such as a Drivers' License.
- Customer must be prepared to pay a security deposit or have proof of ownership of property.
- In order to receive next day service, customer must fulfill the above requirements.
- Customer state time they will be at residence for service to be connected.

LEVEL OF GARBAGE SERVICE NEEDED:

RESIDENTIAL: _____ POLYCARTS at \$12.50 per cart, per month

COMMERCIAL: _____ COMMERCIAL POLYCARTS at \$25.50 per cart, per month (Limit 2 Polycarts)

Leak Protection Policy Waiver

By signing this waiver, I attest that I am the account holder and am voluntarily choosing to



Initials

ACCEPT



Initials

CANCEL

the Leak Protection Policy offered by the City of Cedartown Water Department.

I understand that I am solely responsible for payment of all water/sewer bills for my account if I choose to CANCEL and that I am NOT ELIGIBLE for any leak adjustments due to leak(s) that occur at my residence and/or business.

A copy of this letter will be maintained at City Hall. Should you wish to change this protection, you must come by City Hall and fill out another waiver.

X

Account Holder

I have received a copy of the Water Service Policy and the Leak Protection Policy.

X

Account Holder

X

Witness